MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05915

Reg. Dist. No. 116

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
1/07CHESTEY MARYLAND	I Idriland Ilm
OR give hearest town) 57/27 (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN AREA CITY (II outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECRASED (First) Catherine E	Boardley 4. DATE (Month) (Day) (Year) OF DEATH One 11 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Sinole	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, wen if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY) Salem / Or Co / / d
John H. S. Boardley	Hester lockins
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	HOWard Boardley Salem, Nd
18. MEDICAL CE	RTIFICATION //
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a)	/ Wombies 6 dego
420. Antecedent cause(s) Diseases or conditions, if any, (b)	Kense-Vormen 6 ms.
13/00 giving rise to the above cause stating the underlying cause last	- Como
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work Mtheat Not White	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19.7 to 6 -//, 19.5 that I last saw the deceased
signature (Degree or title)	ADDRESS DATE SIGNED
substitutions units.	(195)
BUTIAL (Specify) 6/14/51 Salem (emetery Salem Nary and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 13, 1951	Herbert VI. St. Clair Jr. Cambridge
	/ VHYDI NG J

BUREAU V. S.
BUREAU V. S.

(Day)

12. CITIZEN OF

COUNTRY?

27

(Year)

19

WHAT

Days | Hours | Min.

INTERVAL BETWEEN

ONSET AND DEATE

days

20. AHTOPSY?

(STATE)

NoX

(State)

ADDRESS

Yes |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE Maryland Dorchester MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN FURAL Cambridge Salisbury TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital STREET (If rural, give location) ADDRESS 200 E. Church St. (Middle) 3. NAME OF (Last) 4. DATE (Month) DECEASED EDGAR MARTIN BROWN June (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWEQ 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX Months [male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)
Supt. at Seth Thomas Clock
13. FATHER'S NAME INDUSTRY Vermont 14. MOTHER'S MAIDEN NAME Martin Van Buren Brown Lura Viney Titus 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Lastern Shore State Hospital records 009-14-5269 unknown 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) Broncho pneumonia Immediate cause Antecedent cause(s) Generalized Arteriosclerosis, Myocarditis Diseases or conditions, if any, giving rise to the above cause several vdars steting the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Senile Psychosis several years related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work 22. I hereby certify that I attended the deceased from Nov. 8 , 19.51, to June 27, 19.51, that I last saw the deceased alive on June 2 (Degree or title) SIGNATURE M.D. E.S.S.H., Cambridge, Md. 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

of information carefully death clearly and legibly. every item FOR Supply ev INK. UNFADING t. Physicians: PLAINLY, WITH is especially importan

correct

WRITE EASE

RECEIVED

JUL 1 1951

BUREAU V. S.

The correct age WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 11.6.

I. PLACE OF DEATH COUNTY Carchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY/larsheater
CITY (It outside corporate limits, write RURAL and LENGTH OF STAY OR five nearest town) (in this place)	CITY (If outside corporate units, write RURAL and give nearest town) OR TOWN AUTHOR
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give logation) ADDRESS / 8 Cross Street
3. NAME OF (First) (Middle) DECEASED (Type or Print) Partha (Ra Reidle, Kane)	Brown 4. DATE (Month) (Day) (Year) OF DEATH LINE 15 1951
6 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Thanks of the second	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Y-28-28 22 yrs. Months Days Hours Min.
dos. USCAL OCCUPATION (Give kind of wrik done wiring most of working life, even if retired) Hob. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) Charleston, S. C. 12. CITIZEN OF WHAT COUNTRY? 2. S. A.
Unlanorra (deceased)	14. MOCHER'S MAIDEN NAME Stace Williams
16. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 231-34-4737	Lecards of Philless Packsing Company
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Temorrhage iii	Percendial + Pleural Canters 26 Minutes
Antecedent cause (s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Thru right arm Sharay, 26 Thintes
fl. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No [
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	Cambridge Claichester Kangley
TIME (Month) (Day) (Year) (Hour) INJURY DCCURRED OF INJURY Lease 15-1957 m. While at work at work	Shad with a. 32 Cal. gun
from: natural causes \(\subseteq \), accident \(\supseteq \), suicide \(\supseteq \), homicide \(\supseteq \),	ased died on the day stated above, and death in my opinion resulted undetermined [].
SIGNATURE CONTROL CONTROL CONTROL CONTROL OF STATE OF TO STATE OF THE	ADDRESS DATE SIGNED 6-19-57
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE. REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan 31,1951 John mace, Jr. 12.00	dewis II. Bayneum
	Constructed in the GOHT

BUREAU V. S.
JUN 22 1951

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05918

Reg. Dist. No. 116

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	N3F	
Dorchester MARYLAND	mary tand "Varotine		
CITY (If outside corporate limits, write RURAL and OR give nearest town) ambrid; e (in this place)	CITY (If outside corporate limits, write RURAL and g OR Denton TOWN	ive nearest town)	
HOSPITAL OR INSTITUTION OR Eastern Shore State Hospi	STREET (If rural, give location)		
3. NAME OF DECEASED (Type or Print) M. ETHELYNE CALLOWAY	(Last) 4. DATE (Month) OF DEATH June	(Day) (Year)	
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, WIDOWED, WIVORGED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 10-8-1860 90 yrs. Month	r I year If under 24 hrs Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY HOUSEWILE	Maryland	12. CITIZEN OF WHAT COUNTRY? US A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Richard N. Merriken	Rebecca N. Sipple		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes. give war or dates of service)	Eastern Shore State Hospit	al Records	
18. MEDICAL CE	RTIFICATION	I	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Myocardial fai	lure	2 days	
/22// Antecedent cause(s) Diseases or conditions, if any, (b) General arteric (b)	osclerosis	?	
1862 stating the underlying cause last			
related to the disease or condition causing death. Senile psycho	ric fracture of left femur sis, simple	8 vrs.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)	
PRIMARY OR CONTRIBUTING X OF office bldg etc.) Hospit	al, Cambridge, Dorchester,	Muryland _	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 4-16-51 3 P. m. work at work	How DID INJURY OCCUR? Was pushed down by another	patient.	
22. I certify that I took charge of the remains described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes A, accident A, suicide A, homicide SIGNATURE.	Autopsy , Inspection , Inquiry X thereon and eased died on the day stated obove, and death in my undetermined . ADDRESS	from the evidence opinion resulted	
John Mace, Jr., M. D., Deputy Medica	al Examiner, Cambridge, Md.	6-11-51	
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or country Washington, D.	nty) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Jerome Frampton, Federals	ADDRESS	

BUREAU V. S.
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05919

Reg. Dist. No. 110

I. PLACE OF DEATH- COUNTY Dorchester	MARYLAND		(HOME) OF DECEASED. and Dorette	Ster
OR give nearest town lock - Rura	PAT and LIENCTH OF STAV	CITY (If outside corpo OR TOWN Hurlo	rate limits, write RURAL and ck - Rural	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shiloh Ros	.d	STREET ADDRESS SI	iloh Road Road	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Thomas	Eugene	Coleman	DEATH June	3 1951
6. COLOR OR RACE Male Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH Feb. 2, 1874	// Vrs.	er 1 year If under 24 hrehs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	- Cassansay a wood	14. MOTHER'S MAIDE	ounty, Maryland	U a D a C a
Thomas Coleman		Fannie Cepha	as	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates	al l	17. INFORMANT AND	ADDRESS	
NO service)	218-07-3458	Susie A. Coler	man, Hurlock, Mar	yland
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a)	Cerebrel	henon	me	2 hr
Antecedent cause(s) Diseases or conditions, if any, (b)	Hypertensin	e Carolio	mula	?
93 d giving rise to the above cause stating the underlying cause last	de	sear .		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.			
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No M
PRIMARY OR CONTRIBUTING OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF	CCUR?	
22. I certify that I took charge of the reme obtained by said Autopsy, Inspection of from: natural causes , accident SIGNATURE	or Inquiry, find that said dece	ased died on the dry stat	, Inquiry thereon and ed above, and death in m	d from the evidence y opinion resulted DATE SIGNED
four mon	g. mo. /a	mainly 2	ud	6/4/51
23. BURIAL, CREMATION DATE THERE REMOVAL, (Sureify) Burial June 6.			LOCATION (City, town, or con Federalsburg, Ma:	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
June 6 1951 Chas	Washing	J. J. Frampton	and Son, Federa	lsburgMd.
//	//			teast a series

BUREAU V. S.
JUN 11 1951

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

I. PLACE OF DEAT			II CTATE	HOME) OF DECEASED.	ν .
וסת	rchester	MARYLAND	Maryland		
CITY (If outside c	corporate limits, write RUR. t town) rotown — Rural	AL and LENGTH OF STAY (in this place) 5 years	II OR	town - Rural	ve nearest town)
HOSPITAL OR	DOOMII - INGLAT	102 1001 5	STREET	(If rural, give location)	
INSTITUTION O STREET ADDRE	ss Sharptown-E	Ildorado Road		town-Eldorado Road	d
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Emma		Coppersmith	OF DEATH June	17 195.
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MILTIECT,	s. DATE OF BIRTH Feb. 10, 1895	9. AGE last hirthday If under Months	Days Hours Min
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT
done during most of v	working life, even if retired)	Industry Home	Brooklyn, New !	York U	OGUNTENS
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN	NAME	
Ernst	t Helfst		Gertrude Schi	ierloh	
15 WAS DEVERAGED E	WER IN ITS ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates (service)	01	Ernest Coppers	mith, Sharptown, 1	Maryland
	18. MEDICAL CERTIFICATION				
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
Immediate cause (a) Cerebral Hellorsbage (b) Hyperbeusing (constructions) (d) Hyperbeusing (e) Hyperbeusing (b) Hyperbeusing		1			
Immediat	te cause (a)	Ceretal of	elloula	e-C	6 Oach
2 11/	Contract of the Contract of th	// /	. /		
	nt cause(s) conditions, if any. (b)	the hour	ULLINI "		
	conditions, if any, (b)	111000		**************************************	
830 stating the	underlying cause last				
	(c)				
Conditions contribu	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No D
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (COUNTY)	
HOMICIDE	INJU	JRY INJURY OCCURRED	HOW DID INJURY OC	SCALING	
OF INJURY	(Day) (Year) (Hour)	While at Not While Work At work	HOW DID INJURY OC	CORT	
		^	14 - 0	, u	
22. I hereby cert	ify that I attended the	e deceased from Jule /	, 1950, to rul!	6, 19.5./., that I last s	saw the deceased
alive on	cocc. 194.1., an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the date st	ated above.
SIGNATURE	. 0	1 //	11 A A	1	DATE SIGNED
Will	well there	de MIO	Helroum		June 180
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERES	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	
REMOVAL (Spec				Galestown, Maryl	
DATE REC'D BY REG.	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR The leave let	ADDRESS
Jame 2	G-1951/ 1 MAA	WHallenan	J J Framptom	and Son, Federals	burg,
	A 1/2/				

SINGERAL V. S. W. SELLANDER



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05921

CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

I. PLACE OF DEAT COUNTY DOY	rchester	MARYLAND	2. USUAL RESIDENCE (RESTATE Maryland	HOME) OF DECEASED.	UNTY Q.A.
OR give neares	CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Cambridge LENGTH OF STAY (in this place)				
HOSPITAL OR)R	State Hospital	STREET ADDRESS	(If rural, give location	(n)
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	CLARENCE	ALOYSIUS	EMBERT	OF June	(Day) (Year) 13 1951
male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH	9. AGE last birthday If u Mo	nder I year If under 24 hrs. nths Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
IS. FATHER'S NAM	(DE		14. MOTHER'S MAIDEN	NAME	
			unknown		
unknown	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	I7. INFORMANT AND	ADDRESS	
	(If yes, give war or dates of leervice)		Eastern Shore S	tate Hospital	records
18. MEDICAL CERTIFICATION					
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemorrhage 310005					
33/X Antecede	ent cause(s) conditions, if any, to the above cause	General Arterioso	lerosis		5 years
830 stating the	underlying cause last (c)				
II. OTHER SIGNIF Conditions contrib related to the dise	ICANT CONDITIONS auting to the death but not ase or condition causing deat	Mental (Deficiency	(imbecile) Bl deafness, both		Lefelong
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	rown) (Cour	
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert alive on Jur SIGNATURE 23. BURIAL CREM REMOVAL (Spe DATE REC'D BY	Melc modern Date Thereodiy) 6-(S-S)	NAME OF CEMETE	ADDRESS E.S.S.H., Carb RY OR CREMATORY I	causes and on the date oridge, Md.	te stated above. DATE SIGNED 6/13/51
REG.	134, Don 3	No. of , was	de Compie	de characte de	The dead



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

()5922 Reg. Dist. No. (/6

I. PLACE OF DEATH COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (H STATE Maryla		EASED. COUNT	Y Car	oline
CITY (If outside co OR give nearest TOWN	rporate limits, write RURA town) Cambridge	L and LENGTH OF STAY (in this place)	OR TOWN Bursvi	ite limits, write R		ve neares	it town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	Eastern Shore	e State Hospital	STREET ADDRESS		ive location)		
3. NAME OF	(First)	(Middle)	(Last)	I 4. DATE	(Month)	(Day)	(Year
DECEASED (Type or Print)	Martin	Rmory	Fleetwood	OF DEATH	June	2	1951
5. SEX m	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH unknown		day If under Months		If under 24 h Hours Mi
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Delaware	r foreign country)	12	COUNTE	U.S.
13. FATHER'S NAM	unknown		14. MOTHER'S MAIDEN Hester F	NAME leetwood			
	ER IN U.S. ARMED FORCES?		17. INFORMANT AND	ADDRESS			
	(If yes, give war or dates of service)	unknown	Mrs. Ruth A.		enton, 1	ld.	
		18. MEDICAL CE	RTIFICATION			1.	
	NDITIONS DIRECTLY I	CEADING TO DEATH				ONGO	VAL BETWEE AND DEAT hrs
334 X Antecedent cause(s) Hypostatic Pneumonia 4 days							
giving rise to	the above cause		J	**************************************	0 0 0 v v v v v v v v 0 0 0 0 0 0 0 0 0	1	reral
		eneral Atteriosul				yea	rs
related to the diseas	ting to the death but not se or condition causing death	Phlegmonis R el		riosclero	sis	13 V	ays ears utopsy:
ION. DINKE OF VIEW							
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	E (Home, farm, factory, street, office hidg., etc.)	(CITY OR T	OWN)	(COUNTY)	Yes (No E
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
	Holeman ATION DATE THEREO (b) SOCAL REGISTRAR'S S	F NAME OF CEMETE	12:45p m., from the ADDRESS ridge, Eastern S	causes and on hore State ocation (City,	the date st	ated al DAT	bove. E SIGNED
J			<i>y</i>		, , ,	1001	13

PREED V. S.
BUREAU V. S.

The correct age

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

/					V **
1. PLACE OF DEAT	H·		2. USUAL RESIDENCE (HOME) OF DECEASED.	-10
COUNTY	rchester	MARYLAND	STATE Maryla	and Dofelle	ster
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY		rate limits, write RURAL and g	rive nearest town)
OR give nearest	town) urlock - Rural	Life place)	OR Hurle	ock - Rural	
HOSPITAL OR		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET	(If ru al give location)	
INSTITUTION OF		d	ADDRESS Near	Elwood	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED	***************************************			OF Taxana	
(Type or Print)	Willie	Mae	Fretcher 18. DATE OF BIRTH	- Daniel II	
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED.	Feb. 28. 1902	9. AGE last birthday If under Month	Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of w	working life, even if retired)	INDUSTRY Home	Dorchester Co	unty, Md.	U.S.A.
13. FATHER'S NAM		1 22002	14. MOTHER'S MAIDEN		V . 15 . 1. 1
Elwoo	d Crumble		Augusta Smi	th	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	37 16. SOCIAL SECURITY NO.	1 17. INFORMANT		
(Yes, no, or unknown)	(If yes, give war or dates	01 210-01-9435	Emestine E J	enkins, Hurlock.	Md R F D
	lservice)	11020 02 0200		CHATHO, HEL LOCK,	Co site FeDe
		18. MEDICAL CE	RIFICATION		INTERVAL BETWEEN
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
		Conjustine	11	7	16-
Immediat	e cause (a)	ferring	Heart 7		
434/ Antecoder	nt cause(s)				
	conditions, if any, (b)				
givlng rise t	o the ahove cause				
stating the t	underlying cause last				
II. OTHER SIGNIE	ICANT CONDITIONS				
Conditions contribu	uting to the death but not	Oberita			
	DATION LIE WATOR	FINDINGS OF OPERATION			1 20. AUTOPSY?
138. DATE OF OLE	RATION 198. MAJOR	FINDINGS OF OTERATION		-2 1	
As VILLENDALAS CA	VIGO NA G		(CIMV OR	MONTH. (COLINE	Yes No Z
21. EXTERNAL CA PRIMARY □ or CO CAUSE OF DEATI	ONTRIBUTING OF INJ	CD (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (COUNT	Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF INJURY	m.	While at Not while work at work			
				1 -	
22. I certify that I	I took charge of the remo	ains described above, held an A	Autopsy [], Inspection []	Inquiry 🖂 thereon and	l from the evidence
obtained by sai	id Autopsy, Inspection of	r Inquiry, find that said dece	eased died on the day stat	ed above, and death in my	y opinion resulted
from: natura	i causes accident	, suicide , homicide , (Degree or title)	ADDRESS		DATE SIGNED
SIGNATURE	2	(Degree of title)	ADDINESS .	2	1 2 0
Lake	or how	m. Mo.	ambrid	he lud.	6/3/)/
23 BURIAL, CREM	IATION DATE THERE	OF I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or cou	inty) (State)
PRINTIVAL (Spec				Near Preston, Max	
2000	, , ,		24. FUNERAL DIRECT		ADDRESS
DATE REC'D BY	1 1000	III TO			
June	6-1937 Chas	Working	J. J. Framptom	and Son, Federa	Laburg, rd.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	FOR MEDICAL	L EXAMINERS	Reg. Dist. 1	No. / 10
1. PLACE OF DEATH- COUNTY Dorchester	MARYLAND	STATE Maryl		Tester
CITY (If outside corporate limits, write RU OR give nearest town) TOWN Hur lock	RAL and LENGTH OF STAY (In this place)	TOWN Hurloc		give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.		STREET ADDRESS R.F	(If rural, give location)	
3. NAME OF (First) DECEASED (Type or Print) John	(Middle) Wesley Frie	(Last)	4. DATE (Month) OF DEATH June	(Day) (Year 17 195
Male 6. Colored Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MALTIED	8. DATE OF BIRTH	9. AGE last birthday If und Month	er I year If under 24 h
done during most of working life even if retired	k 10h. KIND OF BUSINESS OR	Dorchester Co	or foreign country)	12. CITIZEN OF WHAT COUNTRY!
Handy Friend		Laura Smit	sh name	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes. no, or unknown) (If yes, give war or date) Ves service) IVI	of None		ADDRESS Hurlock, Md., R	.F.D.
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE Y LEADING TO DEATH	RTIFICATION		INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Gun shot wound	or brain		Instant
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de-	ath.			
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING OF PLATH. TIME (Month) (Day) (Year) (Rour) OF INJURY June 17, 51 Pm.	ACE (Home, farm, factory, street, office bldgs, etc.) JURY IN WOODS INJURY OCCURRED While at Not while work at work	Near Hurlo How DID INJURY O Shot self wi	ck Dor.	Y) (STATE) Md.
22. I certify that I took charge of the rem obtained by said Autopsy, Inspection from: natural auses , accident SIGNATURE	or Inquiry, find that said dece	ased died on the day stat], Inquiry [] thereon and ed above, and death in m	d from the evidence y opinion resulted DATE SIGNED
Beputy Medica 23. BURIAL REMATION DATE THERE REMAY L (Specify) Burial June 21	EOF NAME OF CEMETE		aryland. LOCATION (City, town, or con Near Hurlock, Mo	6/18/51 (State)
DATE REC'D BY LOCAL REGISTRAR'S REG. June 21-195		24. FUNERAL DIRECT		ADDRESS

UNFADING INK. Supply every item of information carefully of. Physicians: please write the causes of death clearly and legibly.

correct age

PLEASE WRITE PLAINLY, WITH U is especially important.

S. A DETAINS

PREASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Reg. Dist. No.

05925

/						
1. PLACE OF DEATH COUNTY	I.		2. USUAL RESIDENCE (I		ED.	
Dore	chester	MARYLAND	Maryla Maryla	and	COUNTY C	gcil
CITY (If outside co	rporate limits, write RUR	AL and LENGTH OF STAY	OR Danie		L and give ne	arest town)
TOWN give pearest	oridge	(in this place)	Town Price	e		
HOSPITAL OR	2 200 1 3		STREET ADDRESS unland	(If rural, give lo	ocation)	1
STREET ADDRES	ss 208 Academ	y Street	ADDRESS unkn	own		1/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Me	onth) (D	ay) (Year)
(Type or Print)	IDA	В.	HYNSON	OF DEATH J	UNE 4	4 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 yes	ar If under 24 hrs
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVERCED (Specify)	8/20/1890	60 ym.	Months Day	ys Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. C1	TIZEN OF WHAT
done during most of w	orking life, even If retired)	INDUSTRY Home	Norfolk, Vi	rginia	Cou	NTEY? S.A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN			
John M	aul		Barbara			
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS 20	5 Acad	emy at.
(Yes, no, or unknown)	(If yes, give war or dates service)	none	Mrs. Barbar	a Hales-Ca	mbridge	e, Md.
		18. MEDICAL CE	RTIFICATION		1	
I DISEASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH				TERVAL BETWEEN NEET AND DEATH
1. 2200110130 011 00			-			
Immediate	санке (а)	everalized Car	Cirromalas	11	2	Z Moi
1544	Immediate cause (a) Generalized Corrensonatoris 2 Moi 54X Antecedent cause(s) Diseases or conditions, It any, et long right to the above cause (b) alleno Corrensona A Rectum 5 Mo. +					
	onditions, If any. (b)	adour Paro	insonia.	Rooting	15	Mo.+
giving rise to			7)	ar ann an All a de Britand a de Carpet Court de La		
460 stating the u	nderlying cause last		V			
** OWNER STONES	(c)					
Conditiona contribu	CANT CONDITIONS					
	se or condition causing deal					
91 c. A	RATION 196. MAJOR	FINDINGS OF OPERATION	01 1.0	4		AUTOPSY?
4-9-09	Jeop.	I & relium	Historia adeus	concension		Yes No Z
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	rown) (C	COUNTY)	(STATE)
HOMICIDE	INJ	JRY				
TIME (Month)	(Day) (Year) (Hour)	While at Not While	HOW DID INJURY OC	CURT		
INJURY	m.	Work At work			47	The second
	e all a Torra and all	35=71	2051 1- 6-14	10/~/ 12-1	T 10 4	
22. I hereby ceru	ny that I attended th	e deceased from 3.726	, 190.2, to	, 130, that	I last saw	the deceased
alive on 6	4 195 (ar	d that death occurred at	: 30 P. m. from the	causes and on the	date stated	above.
SIGNATURE		(Degree or title)	ADDRESS			ATE SIGNED
5000.	+ 1/1 H	0/6,19	10/11/11/11	Co Oud	/	J1
(Whi	REXIMO	Frun	allone	is ma.	6-0	1-01
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE			LOCATION (City, town	n, or county)	(State)
Burlar	0/0/13	351 Church Hi		Church Hil		vland
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO			DDRESS
June 6, 17	A James	0,, 0,,,,	1	uneral Ser		
J				ambridge,	Maryla	nd



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05926

CERTIFICATE OF DEATH

Reg. Dist. No. 1.16.....

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.	NWV
Dorchester	STATE Varyland county Dorcheste			
CITY (If outside corporate limits, write RUR OR give nearest town)	AL and LENGTH OF STAY (in this place)	OR TOWN	rate limits, write RURAL and	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Slacum	St.	STREET ADDRESS Slace	(If rural give location	1)
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last)	4. DATE (Month) OF DEATH June	(Day) (Year)
5. SEX 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4/17/87	9. AGE last birthday If u	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Boston		Rosie Cenha		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates a	16. SOCIAL SECURITY No.	17. INFORMANT	n Anna Tilohm	a n
	18. MEDICAL CE			
1. DISEASES OR CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute Cardiac	Failure	***************************************	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Hypertensive Ca	rdio-Vascular	Disease	28 days
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COUN	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on June 19, an SIGNATURE Javel WILL 23. BURIAL, CREMATION DATE THEREOREMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S REG.	d that death occurred at Degree or title) DF NAME OF CEMETE	ADDRESS ne Street, Co	causes and on the date	stated above. DATE SIGNED
				70,026

BUREAU V. S.
BUREAU V. S.

PLEASE

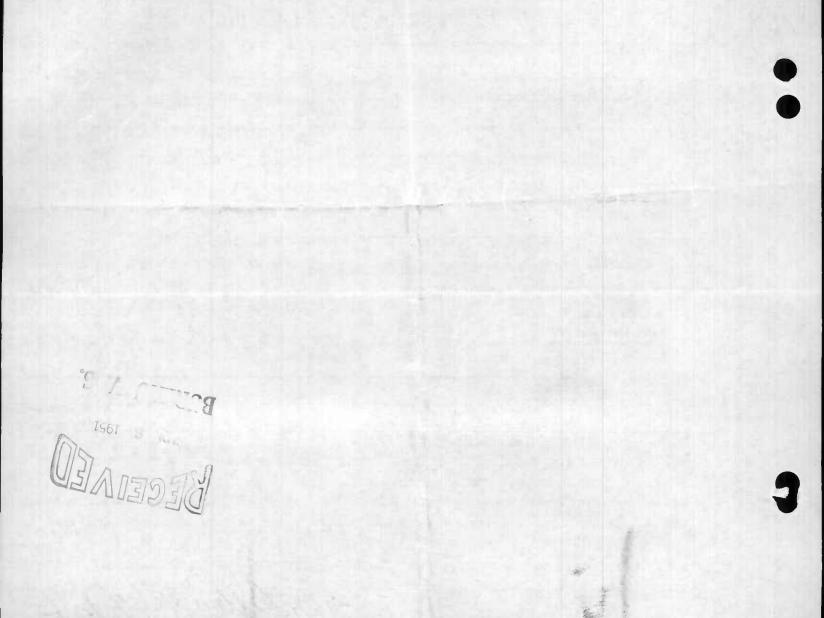
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

05927

1. PLACE OF DEATH- COUNTY Stehesler MARYLAND	2. USUAL RESIDENCE (HOME) OF DISCEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give hearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Frederick (none)	(Last) 4. DATE (Mopth) (Day) (Year) - OF DEATH (Day)
SEX 6, COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify,	8. DATE OF BIRTH 9. AGE last birthday If onder 1 year Months Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LINDUSTRY LINDUSTRY LINDUSTRY	11. BIRTHPLACE (State or foreign country) 12 CIPIZEN OF WHAT COUNTRY)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. or unknown) (If yes, give war or dates of service)	The redence kgalt
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Central	Lemortrage 1 (day
Antecedent cause(s) Diseases or conditions, ff any, (b)	claronin alus lived landers
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A COUNTY OF THE PROPERTY OF TH	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NOTICE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from J24	1951, to 5/3(,, 19.5) that I last saw the deceased
alive on	ADDRESS DATE SIGNED
Laurence Mangara M!) Chupadge, and 6/4/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DUSCOVER DE STATE DE LA SECONO DEL SECONO DE LA SECONO DEL SECONO DE LA SECONO DEL SECONO DE LA SECONO DEL SECONO DE LA SECONO DEL SECONO DE LA SECON
- Carrier of Carrier o	Quet saw market



PLEASE WRITE PLAINLY.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05928

Reg. Dist. No. /. /. ...

I. PLACE OF DEAT	rn. Orchester		2. USUAL RESIDENCE (,	
		MARYLAND	Mary 1			lester	
OR give neared TOWN Camil	corporate limits, write RUR st town) oridge (Rura	(in this place)	CITY (If outside corpor OR TOWN Cambr		RAL and giv	e nearest to	wn)
HOSPITAL OR			STREET	(If rural, give	location)		
INSTITUTION (OR RFD #3 M	orris Neck	ADDRESS RFD	#3 Mor	ris Ne	ck	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day)	(Spar)
(Type or Print)	SALLY	KEYS	LE COMPTE	DEATH	JUNE	19	19
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2-20-1886	9. AGE last birthda	Months	l year If u Days Ho	nder 24 hrs ors Min.
10a. USUAL OCCU	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12	CITIZEN	OF WHAT
done during most of	working life, even if retired)	OWN Home	Maryland				
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME		10000	
Thomas	L. Keys		Annie M.	Travers			
15. WAS DECRASED !	EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND A				
(You no, or unknown	(If yes, give war or dates (none	C.A. Le Compte		TOP RE	D#3	MA
	act vice)	18. MEDICAL CE		o odnor z	APIO ILL	DITU,	diallo
I Diguagno on o	CUPINIONS BURGET		artica roa				BETWEEN
i. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET A	ND DEATH
Immedia	te cause (a)	Cerebral hemo	rrhage			1 h	our
. I ald . I	te cause			01000100 10001-0010100 01 01 01 4	1028100101100000000000		<u></u>
443 X Antecede	ent cause(s)	Hypertensive c	andiovagaular	diana		2	
	conditions, if any, (b)	TIAber Pengine C	arutovascutat	arsease	*************************		
	underlying cause last						
	(e)					1	
Conditions contrib	CICANT CONDITIONS puting to the death but not asse or condition causing deat	h					
		FINDINGS OF OPERATION				1 20. AUT	OPSY?
						Yes 🗀	Nov
21. EXTERNAL CA	AUSE WAS PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)		
	CONTRIBUTING OF INJU	office bldg., etc.) JRY			(0001111)	(,
OF (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OF	CUR?			
INJURY	m.	work at work					
obtained by sa	id Autopsy, Inspection of all causes [], acciden	ins described above, held an A r Inquiry, find that said dece , suicide , homicide , (Degree or title)	used died on the dry state undetermined	ed above, ond dea	th in my	opinion 1	esulted SIGNED
obtained by sa	id Autopsy, Inspection of all causes , accident	r Inquiry, find that said dece , suicide [], homicide [], (Degree or title) lical Examiner [ased died on the dry state undetermined Campridge, Md Oorchester co	ed above, and dea unty	th in my	opinion of DATE:	esulted SIGNED
obtained by sa ign: nature 819 NATURE	Deputy Med	r Inquiry, find that said dece , suicide , homicide , (Degree or title) lical Examiner NAME OF CEMETE	used died on the day state undetermined Cambridge, Md Oorchester co RY OR CREMATORY	unty LOCATION (City, t	th in my	opinion of DATE (S) (22/)	esulted BIGNED 51 (State)
oblained by sa m: natura SIGNATURE 27 BURIAL, CREM REMOVAL ISM	Deputy Med AATION DATE THERE 6-21-1	r Inquiry, find that said deceded, suicide of the control of the c	ased died on the day state undetermined Cambridge, Md Dorchester co RY OR CREMATORY Cemetery	unty LOCATION (City, to	th in my	opinion of DATE (5/22/) by) rylan	esulted EIGNED 51 (State)
oblained by sa m: nature RIGNATURE 23 BURIAL, CREM REMOVAL ISM DATE REC'D BY	Deputy Med AATION DATE THERE Colly 6-21-1 LOCAL REGISTRAR'S	r Inquiry, find that said deced, suicide , homicide , suicide , su	ased died on the day state undetermined Campridge, Md Oorchester co RY OR CREMATORY Cemetery 124. FUNERAL DIRECTO	unty LOCATION (City, to Cambrid) OR	th in my	opinion of DATE (S) (22/)	esulted SIGNED 51 (State)
oblained by sa m: nature RIGNATURE 23 BURIAL, CREM REMOVAL ISM DATE REC'D BY	Deputy Med AATION DATE THERE 6-21-1	r Inquiry, find that said deced, suicide , homicide , suicide , su	ased died on the day state undetermined Cambridge, Md Dorchester co RY OR CREMATORY Cemetery	unty LOCATION (City, to Cambrid) OR	th in my	opinion of DATE (5/22/) by) rylan	esulted SIGNED 51 (State)
oblained by say on: nature RIGNATURE 23 BURIAL, CREM REMOVAL ISM DUFF REC'D BY PEE	Deputy Med AATION DATE THERE Colly 6-21-1 LOCAL REGISTRAR'S	r Inquiry, find that said deced, suicide , homicide , suicide , su	ased died on the day state undetermined ADDRESS Campridge, Md Dorchester co RY OR CREMATORY Cemetery 24. FUNERAL DIRECTO LeCompte Fur	unty LOCATION (City, to Cambrid) OR	own, or count	opinion of DATE (5/22/) by) rylan	esulted BIGNED 51 (State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

ODM I II IOM I	E OF BERTIE	Dist. No. //. 5
1. PLACE OF DEATH. Orchester MARYLAND	Maryana	COUNTY DOV
CITY (If outside corporate limits, write RURAL and OR givo nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURA) OR TOWN	ye.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 Heury St.	STREET ADDRESS 42/ Leur	tion) St.
3. NAME OF DECEASED (First) F ST SEVERN		ne 10 15/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SPENDARY)	10 17 /8/8 0 yrs. 1	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during rost of wasking life, even if retired) - INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
Janer T. Massu	14. MOTHER'S MAIDEN NAME	N.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no. of unknown) (If yes, give way of dates of 2/5-/4-3904	Core Mastra 18/1	leury It auch.
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Landen	274.
H20 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Kene Varene	- 64
13/a stating the underlying cause last (c)	· Leleni	167.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	lejie - left out	me 62
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF office bldg., etc.)	(CITY OR TOWN) (CO	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	•
	, 19 5 to 6 - (0 , 19 5 , that 1	last saw the deceased
SIGNATURE: (Degree or title)	ADDRESS and on the	date stated above. DATE SIGNED
1 July (3000) July 12- J/ Carelled	RY OR CREMATORY CONTINUOUS COUNTRY & CHARLES CONTINUOUS COUNTRY	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 15, 1951 July mace, July M.	24. FUNERAL DIRECTOR P. dis	was aunil
10		5835460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.
BUREAU V. S.

(A)

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

COUNTY Derchaster MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN TOWN MOSPITAL OR INSTITUTION OR INSTITU	I. PLACE OF DEATH.			2. USUAL RESIDENCE	HOME OF DECEASE	ND·
CITY (If ounded corporate limits, write RURAL and LENGTH OF STAY OR GREEN peacews town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Corporate limits, write RURAL and give nearest town) (Last) OR TOWN Cambridge Corporate Indicate Corporate Corporate Indicate Cor			MARYLAND		and	COUNTYDorchester
HOSPITAL OR INSTITUTION OF STREET ADDRESS MAME OF (First) (Middle) (Last) DEATH Last			AL and LENGTH OF STAY	UB .		
INSTITUTION OR STREET ADDRESS S. NAME OF OFFICE OF STREET OF STREET OF STREET ADDRESS S. NAME OF OFFICE OF STREET	TOWN CALLOP.	lage R.F.D	#3 Two lears	TOWN Camp.		
1. MARE OF CREASED CONDITIONS DIRECTLY LEADING TO DEATH ALOC CATEGORY AND DIRECTLY LEADING TO DEATH ALOC CATEGORY OF Print) 1. MARE OF CATEGORY OF PRINT OF PRINTING COUNTRY OF PRINTING CONDITIONS CONDITIONS CONDITIONS OF PREATION 1. MARE OF CREATED CONDITIONS OF PREATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Aloc Category of Conditions, if any, give war or dates of conditions cousing death. 1. OTHER SIGNIFICANT CONDITIONS Conditions cousing death. 1. OTHER SIGNIFICANT CONDITIONS OF PREATION 1. ACCIDENT (Specify) 1. ACCIDENT (Specify) 1. ACCIDENT (Specify) 1. DISEASES OR CONDITIONS DIRECTLY LEADING OF PREATION 1. ACCIDENT (Specify) 1. ACCIDENT (Specify) 1. DISEASE OF CONDITIONS OF PREATION 1. ACCIDENT (Specify) 1. DISEASE OF CONDITIONS OF PREATION 1. ACCIDENT (Specify) 1. DISEASE OF CONDITIONS OF PREATION 1. ACCIDENT (Specify)	INSTITUTION OR	(Home) Ma	aina look	1 D D D D D C C		cation)
DECRASED (Type of Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, 12/18/1977 12. LACIDENT Aniecedent cause (a) Aniecedent cause (a) Aniecedent cause (a) Aniecedent cause (b) Aniecedent cause (a) Aniecedent cause (b) The Disease or conditions, if any, giving rise to the above cause assisting the underlying cause last conditions contributing to the death but not related to the disease or condition cousing death. The Disease or conditions of the principle of the above cause last conditions contributing to the death but not related to the disease or condition cousing death. The Disease or condition cousing death. The Disease or condition cousing death. The Disease or condition is the death but not related to the disease or condition cousing death. The Disease or conditions of the Disease or condition cous						
10. USUAL OCCUPATION (Give kind of work 10. Kind of Business on 11. Birthflack (State or foreign country) 12. Citteen of What 10. Kind of Business on 11. Birthflack (State or foreign country) 12. Citteen of What 13. Was Decreased Examples 14. Mother's Madden Name 14. Mother's Madden Name 15. Was Decreased Evers in Us. Anamor Forcest 16. Social Security No. 17. Informant and Address 18. Medical Certification 18. Medic	DECEASED		(Middle)		OF Town	00 75 57
10. USUAL OCCUPATION (Give kind of work done during most, of working life, even if redired) Thou Striat Laxecutive of Business or a shington, D. C. Its Pathers name 15. Was Deceased Ever in U.S. Armen Forces? 16. Social Security No. It. Informant And Address (Information) (If yee, give war or dates of learning to the destable of the destable to relate to the disease or condition contributing to the destable to relate to the disease or condition causing death. 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFF information) (County) (County) (County) (County) (STATE) (Specify that I attended the deceased from 1.0 most work work) (County) (Table 1.0 most work) (County) (STATE) (County) (County) (STATE) (County) (County) (County) (STATE) (County) (County	5. SEX			8. DATE OF BIRTH		
COUNTRY LACIDENT Specify Spe			(Specify) al't'Led	12/18/1877	yra.	المنظ التناب الأجاد المستد
15. FATHER'S NAME Charles H. Maxwell 16. Was Decrased Ever In U.S. Armed Forces? (Yes, no. or unknown) (If yes, give war or dates of Uniknown) (If yes, give war or dates of Uniknown) I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause (a) Immediate cause Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) giving rise to the above cause cause relating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF OPERATION) TIME (Month) (Day) (Year) (Hour) Not While at Work Not While at Work At Work 22. I hereby certify that I attended the deceased from 7 3 194 10 9 195 11 last saw the deceased	done during most of wor	FION (Give kind of work king life, even if retired)				0
II. Was Decreased Ever In U.S. Arrend Forcest 16. Social Security No. 17. Informant and Address 11. Social Security No. 18. Medical Certification 18		Executive	Late Towne II.			U.S.A.
15. Was Decraved Ever in U.S. Armed Forces? 16. Social Security No. 17. Informant and address 18. Medical Certification 18. Medical Certification 19. Diseases or conditions directly Leading to Death Antecedent cause (a) Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause satisfy the underlying cause last (c) 11. Other significant conditions assing death. 120. Immediate Cause (a) Diseases or condition assing death. The provided to the disease or condition causing death. 13. Date of Operation 19b. Major findings	13. FATHER'S NAME	77000700	10,000,077			
INTERVAL BETYPHEND I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Alecedent cause (a) Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause and conditions condit conditions conditions conditions conditions conditions conditio						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Anteceder cause (a)	(Yes, no, or unknown)	it in U.S. Armind Forces	of ZGA_GT_GTG	2.0 2.0 20 2.0		of Total
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause (a)	unknown	ervice)			Merr Ogmin	معددو له مادو کی است
Antecedent cause (a) Coronary Thrombons Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF GPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, HOMICIDE (STATE) OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from At work 190. The Instruction of the conditions of the conditi				RTIFICATION		INTERVAL BETWEEN
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Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE (Specify) HOMICIDE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (PINJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (PINJURY) While at Not While INJURY (Not While INJURY) 22. I hereby certify that I attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	Your Alaka		Corman ,	windows		1/2 hours
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 1 22. I hereby certify that I attended the deceased from 199, to 6-13, f9, that I last saw the deceased	420.1 Immediate	cause (-/		728 1 101110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Strating the underlying cause last (c) (d) (d) (d) (d) (e)	Antecedent	cause(s)	V			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPAL DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 22. I hereby certify that I attended the deceased from 10 mm	/ giving rise to i	the above cause		9. · · · · · · · · · · · · · · · · · · ·	000000000000000000000000000000000000000	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 22. I Morth (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Work At wo	stating the unc					
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?	II. OTHER SIGNIFIC		On fine 1 1	and 111	1-1-1	0 1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY OCCURRED While at Not While Injury occurs m. Work At work 22. I hereby certify that I attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	Conditions contributi	or condition causing deal	Mullefole Boly po	sis Durvelle	clebs large,	tuto
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 1 19 19 19 19 19 19 19 19 19 19 19 19 1	19a. DATE OF OPER	ATION 19b. MAJOR	FINDINGS OF OPERATION		1	20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19						Yes II No II
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work How DID INJURY OCCUR? While at Not While Work How DID INJURY OCCUR? While at Not While Work How DID INJURY OCCUR? Thereby certify that I attended the deceased from 19, 19, 10, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19		(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	
22. I hereby certify that I attended the deceased from 1 3 , 19 , to 6 -13 , f9 , that I last saw the deceased			URY			
22. I hereby certify that I attended the deceased from		Day) (Year) (Hour)		HOW DID INJURY OF	CCUR!	
1-1 (1)	INJURY	m.				
1-1 (1)	00 T 1 1 1 116	. Al to T case and all the	· donound 6 1/- 23	104) 4 6-1	3 45/- 42-4	Y land over the discount
alive as 6 0 10 and that death accurred at 10 m from the severe and on the data stated shows	22. I hereby cerul	y that I attended th	e deceased from	, 19, 10	, 19, that	1 last saw the deceased
alive on 13, and that death occurred at	alive on 6	6 , 19 / , ar	nd that death occurred at	10 m., from the	e causes and on the	
SIGNATURE, (Degree of title) ADDRESS DATE SIGNED	SIGNATURE.	8000	(Degree or title)	ADDRESS	11 114	DATE SIGNED
Clark Tuntos mo- grace 80., Combigs no 6-13-51.	Clar	Mula	1 MD-	,,	Cauchast	as 6-13-51.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	23. BURIAL, CREMA'	TION DATE THERE				
Grenation 0/15/1951 Silver Brook Crenatory File Lon, lelaware	Cremation	0/10/				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6/16/1951 from Mace. A. M. S. Levondte uneral Service address Levondte uneral Service					ieral Servi	

PLIN SE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05931

CERTIFICATE OF DEATH

Reg. Dist. No. 116

COUNTY DON'T	chester		2. USUAL RESIDENCE (I	HOME) OF DECEASE	COUNTY	7.7	et.e0 T1
	orporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY	Marylar CITY (If outside corpore	nd	COUNTY	word	ester
OR give nearest TOWN rural	Cambridge	(in this place)	OR TOWN unknown		L and give	b nearest	town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R SS Eastern Shor	e State Hospital	STREET ADDRESS	(If rural, give lo	cation)		./
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	onth)	(Day)	(Year)
DECEASED (Type or Print)	CHARLES		McALIEN	OF DEATH Jun	ie 1	1	155]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	S. DATE OF BIRTH	9. AGE last birthday	If under 1	year I	If under 24 hrs
male	White	(Specify) single	unkn own	71 ? yrs.	Months	Days	Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Md.	r foreign country)		CITIZE	N OF WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME			
unknown			unknown				
15. Was DECRASED EV (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND				
unknown	service)	(Hone	Eastern Shore	State Hospit	al re	cord	S
		18. MEDICAL CE	RTIFICATION			Tarrena	AL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET	AND DEATH
Immediate	e cause (a)	Heart Failure, Lur	ng edema			12	Leurs
	onditione, if any, (b)	Lobar pneumonia				24	lors
7 giving rise to	o the above cause inderlying cause last	Hypertensive carding	ascular disease			3 4	leers
Conditions contribu	CANT CONDITIONS Itling to the death but not se or condition caueing deat		mental deficienc			52	years
		FINDINGS OF OPERATION	dental delicienc	<u>y</u>		20. AT	UTOPSY?
						Yes	□ No 🖫
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.) IRY	(CITY OR T	OWN) (C	OUNTY)		TATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certi	ify that I attended the	e deceased from		l 1951. that	I last as	w the	deceased
SIGNATURE/	e (d that death occurred at3 (Degree or title)	ADDRESS	causes and on the	date sta	ted ab	ove. E SIGNED
11	Adoma		S.S.H., Cambrid	- /		5/11/	51
23. BURIAL, CREM.	ATION DATE THEREO		RY OR CHARACTERY L	Caulria Caulria	/	y)	(State)
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE A. D. S.	24. FUNERAL DIRECTO		-(0)	ADD	RESS
1			· / Charles	A / DOC ONCE			7
					-	0	ua

BUREAU V. S.
JUN 15 1951

DECENAL

CERTIFICATE OF DEATH

20	MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS Reg. Dist. No. 116				
2					
The correct age					
	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
	Dorchester MARYLAND	Maryland County	orchester nearest town)		
25	CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge	II OR	nearest town)		
egi	HOSPITAL OR	TOWN Cambridge, R.F.D.#2 STREET (If rural, give location)			
n ca	HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge MD. Hospital	ADDRESS rural			
ly a	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)		
ear	(Type or Print) Gertrude Schmoor	Meyer DEATH une	7 1951		
Supply every item of information carefully. write the causes of death clearly and legibly.	5. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ATTIED	Sept. 7, 1929 21 yrs.	Days If under 24 hrs. Hours Min.		
n of dea	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOUSEWIFE 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT		
sof	13. FATHER'S NAME	Cambridge 1 14. MOTHER'S MAIDEN NAME	U.S.		
ry i		Esther Lindner			
Cal	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT			
y e	(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Esther Schnoor, Camb. R.F.	·.#2		
pp	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN		
Su	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
se .	g / Immediate cause (a) Second degree burn	ns entire body	14 hrs.		
P S	916.0 Immediate cause (a) Decond degree our				
- in	Antecedent cause(s) Diseases or conditions, if any, (b)				
a ia	giving rise to the above cause stating the underlying cause last	1-11-C	***************************************		
Sis	(c)				
PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
nt.	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS				
Tra			Yes No		
Winde	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,		(STATE)		
/	PRIMARY TO OR CONTRIBUTING OF Office bidg, etc.) CAUSE OF DEATH. OF office bidg, etc.) INJURY Home	Cambridge, R. F. D. #2. Derches	ter, Md.		
J.E	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while				
Alr	INJURY June 6 51 11a.m. work 2 at work 2	Dress caught fire when kerosen	e exploded.		
es L	22. I certify that I took charge of the remains described above, held an I	Autopsy . Inspection . Inquiry . thereon and t	rom the evidence		
₩.2	abtained by anid Automore Impropriate on Impring find that anid Jan	and died on the deer stated above and double in me.	ppinion resulted		
	from natural causes , accident , suicide , homicide , slan TURE (Degree or title)	undetermined [].	DATE SIGNED		
2	Gen Maria				
-		cal Examiner, Cambridge, Md.	6/7/51		
S	REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)		
E	Burial June 9, 1951 Dor. M.	emorial Park Cambridge, M	ADDRESS		
P	June 8, 1951 John Mace, Jr. M.D.	Kenneth R. Thomas, Cambridge,	MA.		
THE	CALL OF THE PROPERTY.	1 0 50			
		Kenneth R. Hou	ias.		

MARGIN RESERVED FOR BINDING

VS. A15A

1961 GINNI

2411 N. Charles Street, Baltimore

05933

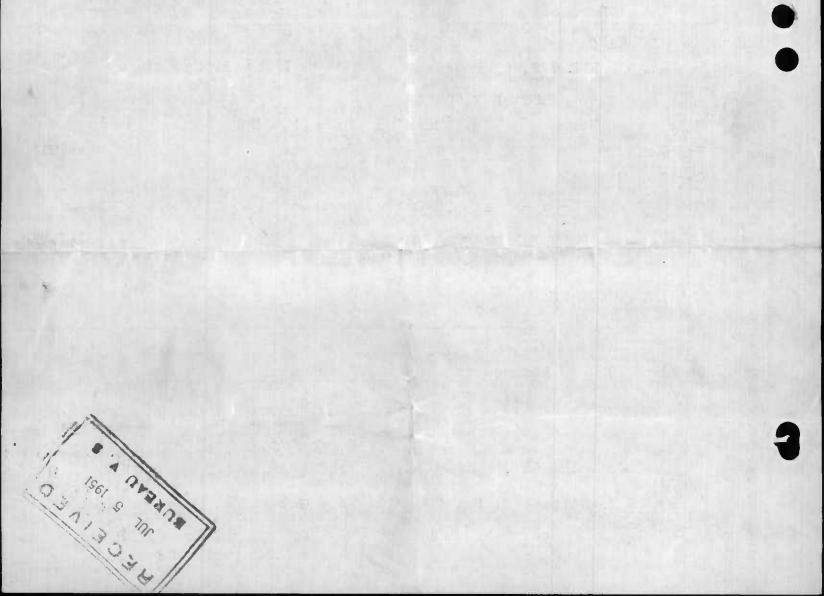
CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY Dorchester MARYI	AND 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Dorcheste
TOWN Rural Cambridge Life	OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 2, Cambridge	STREET ADDRESS RFD # 2, Cambridge
3. NAME OF (First) (Middle) DECEASED (Type or Print) EDWARD MITCHEL	(Last) 4. DATE (Month) (Day) (Year) OF DEATH June 14, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED DI (Specify) MAT	ORCEO, S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs ORCEO July 14, 189 57 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kied of work) deae during most of working life, even if retired) INDUSTRY Far	m Maryland COUNTRY? USA
Charles Mitchell	Hester Pinder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITION OF OUR PROPERTY OF CONTROL OF THE PROPERTY O	517 Mrs. Sarah L. Mitchell - Wife
18. M	EDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	TH INTERVAL BETWEEN ONGET AND DEATH
Immediate cause (a) Carcinoma	of esophagus l year
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
October 1950 Advance carcin	RATION OMA of esophagus
21. ACCIDENT (Specify) PLACE (Home, farm, fac	1 28 1 210
SUICIDE OF office bldg., otc.) HOMICIDE INJURY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURE While at Not V Work At	
22. I hereby certify that I attended the deceased from.	Nov. 18 19 50, to June 1/119 51, that I last saw the deceased
SIGNATURE OF WILLOW (Degree or	- Section Section
23. BURIAL, CREMATION DATE THEREOF NAME O	Pine St., Cambridge, Maryland June 14,195 CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
	town Cemetery Cambridge, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3, 1951 July hour, J	ADDRESS Lewis H. Bayneum, Cambridge, Md.
	102/05

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

05934 Reg. Dist. No. 116

1. PLACE OF DEATI			2. USUAL RESIDENCE (H	OME) OF DEC	EASED. COUNT	Y Falbot	
Dorc	hester	MARYLAND	Maryland				
CITY (If outside coordinates of CITY (If outside coordinates o	orporate limits, write RUR. town) Cambridge	AL and LENGTH OF STAY (in this place)	OR TOWN Easton	te limits, write F	RURAL and gi	ve nearest town)	
HOSPITAL OR			STREET	(If rural, s	rive location)		1
INSTITUTION OF STREET ADDRESS	ss Eastern Shor	e State Hospital	ADDRESS			/	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE	(Month)	(Day) (Ye	ear)
DECEASED (Type or Print)	RAYMOND	C.	MUELLER	OF DEATH	June	3.0	9 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.				1 year [If under 2	
male	wnite	WIDOWED, DIVORCED, (Specify) Married	Oct. 11, 1883	67	yrs. Months	Days Hours	
	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	1	2. CITIZEN OF W	HAT
farmer e	wner - retu	ed	Iowa			U.	S.
13. FATHER'S NAM	E	- 14	14. MOTHER'S MAIDEN				
- will diam is	- Mueller //	Man to Muella	Wilhemina Oste				
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS			
unknown	(If yes, give war or dates (service)	" 217-28-3444	Eastern Shore St	ate Hosp	ital red	cords	
		18. MEDICAL CE					-
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DE	
Immediate	e cause (a)	Bronchopneumonia,	pleurisy	•	*	2 days	
giving rise to	the above cause	General Arterioscl	erosis with Mult	iple Cere	ebral	l year	
122 a stating the u	nderlying cause last (c)	Diaphragmatic he	rnia. left.			unknown	
11 OTHER SIGNIFI	CANT CONDITIONS		11114, 1010				
Candislana contains	slam to the death but not	h. Psychosis due to	aanahmal antani	000] 0000		several	
related to the disea	ee or condition causing deat	FINDINGS OF OPERATION	cerebral arteri	osciercs	1.5	l vears	
19a. DATE OF OPE.	RATION 190. MAJOR 1	INDINGS OF OPERATION				20. AUTOPSY	Z
A. A. GOVERNO	(1) (2) 1 DY A	on div	(OTTO OF THE	OWN II			I
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	JWN)	(COUNTY	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work ☐ At work ☐	HOW DID INJURY OCC	UR?		P	
22. I hereby certi	ify that I attended the	e deceased from NO.Vl	0., 1950, to Junel	2, 195.1.,	that I last a	aw the decease	ed
	ne. 12, 19.51, an	d that death occurred at		causes and or	the date st		
SIGNATURE	11 11		ADDRESS	37.3		DATE SIGNE	
Mycd	1 / C - C		S.S.H' Cambridge	The second second		6/12/51	
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE	Spring A	1 . 4	Easton (City	, town, or coun	0 0)
DATE REC'D BY		SIGNATURE A. D.	24. FUNERAL DIRECTOR		- 1	ADDRESS	1
REG. 13, 19			I murice R. Y	eunam	1 proce P.	ason, M	d

BUREAU V. S.

1961 ST NOT

BECEINED

2411 N. Charles Street, Baltimore

05935

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH-		2. USUAL RESIDENCE (H		EASED COUNTY	lester	
CITY (If outside corporate limits, write RURA	MARYLAND L and LENGTH OF STAY	CITY (If outside corpor				
OR give nearst tewn New Market	(in this place)	L OD	New Marl		e nearest to	wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1		STREET ADDRESS R.F.	- 11-	ive location)		
3. NAME OF (First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
(Type or Print) LILY	ELIZABETH	POWNER	OF DEATH	JUNE	9	19 5.
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) LATTIED	8. DATE OF BIRTH 7-12-1884	9. AGE last hirth	day If under Months	Days Ho	nder 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY OWN HOME	II. BIRTHPLACE (State o	r foreign country)		COUNTRY?	
13. FATHER'S NAME	OWIT HOME	14. MOTHER'S MAIDEN		Alla V	0 0 0 0 2 2	
Charles Pyle		Emma Garla	ind			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND		st New	Marke	7.
(Yes, no, or unknown) (If yes, give war or dates of	none	George N. Pow			(N	(6)
110	18. MEDICAL CEI		TAOL N.	101/07	1	
I. DISEASES OR CONDITIONS DIRECTLY			· D	1	INTERVAL ONSET AN	
Immediate cause (a)	eremona.	L. Thyroid (remare	<u>,) </u>		f for Gordania que no + 2 e dua a qu
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	arcurous of	Lear (m	ta, ale	د)	PR 00 0m 11 - 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	err-restreatur e n-es-e o n qu-de
55 C					1	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	1.					
19a. DATE OF OPERATION 19b. MAJOR F.					20. AUT	OPSY?
					Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	E (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR T	'OWN)	(COUNTY)		
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the		195/ to 6-9	- 195/+	hat I last a	aw the de	reased
		1				
alive on 195, and SICNATURE	d that death occurred at?	ADDRESS	causes and on	the date st	DATE S	e. IGNED
acous to funce.	/h//2	9 Rece St. C	rmhides	- Md.	6-11-	
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify) 6-12-195		RY OR CREMATORY I	ocation (City,		w) Marvl	(State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R		ADDRE	
June 12, 1951 John 1	mace, f., m. od	LeCompte Fi	meral S	ervice	,	
		Cambridge	. Maryl	an d		

BUREAU V. S.

CERTIFICATE OF DEATH

05936

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	-	h
1		

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The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

	FOR MEDICAL	EXAMINERS		Reg. Dist. No	116	
I. PLACE OF DEATH- COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (STATE District (of Colum	biacount	7	
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Campridge	AL and LENGTH OF STAY (in this place)		rate limits, write agton D.	RURAL and giv	e nearest town	1)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge	Maryland Hosp.	STREET ADDRESS . No t		give location)		~
3. NAME OF (First) DECEASED (Type or Print) ORVILLE	(Middle) ⊬ •	(Last) PUGSLEY	4. DATE OF DEATH	(Month) JUNE	(Day)	(Year)
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEQ	8. DATE OF BIRTH 9-23-1905		thday If under Months	I year If und	er 24 b
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY GOVT.	II. BIRTHPLACE (State	or foreign country		COUNTRY?	WHA
0.V. Pugsley		Mary E.	Burkenh	oltz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or interport) (If yes, give war or dates therefore)	of Not Known	Maltilda F.	Pugsley	-Washin	gton,	D. (
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Com	Jone		~	ONSET AND	DEAT
Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1					20. AUTOP	SY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	ŢOWN)	(COUNTY)	(STAT)	No (C
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?			
22. I certify that I took charge of the rema obtained by said Autopsy, Inspection of from: natural causes accident SIGNATURE	(Degree or title)	ADDRESS .	e) nd		DATE SIG	
23. BHIMAL CREMATION DATE THERE 6-5-198 DATE REC'D BY LOCAL REGISTRAR'S	ol Old Trinit;	y Cemetery	Church	CV 3	Marylan	
REG. 8, 1951	mace & no	24. FUNERAL DIRECTO	uneral	Service	ADDRESS	

Cambridge,

BUREAU V. S.

USA II NOT

2411 N. Charles Street, Baltimore

05937

CERTIFICATE OF DEATH

			1006. 1/100. 1/10	
1. PLACE OF DEATH. Darch	ester MARYLAND	2. USUAL RESIDENCE (HORSTATE)	ME) OF DECEASED. COUNTY	Nar.
CITY (If outside corporate limits, write RUH OR give neares (19wn) TOWN	LENGTH OF STAY (in this place)	CITY (If outside torportes OR TOWN	limits, write RURAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	be md. I to speta	STREET ADDRESS 395/	(If rural, give location)	St.
3. NAME OF DECKASED (First) (Type or Print)	Lewis (Middle)	Fasche 1	OF DEATH (Month)	(Day) (Year) 27, 195/
5. SEX Semale Color of RACE	7. SINGLE, MARRIED, WIDOWCD, DIVORCED, (Special)	June 22-1905	46 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	YI. ERTHPLACE (State or for	K.7 Y.	COUNTRY? U.S.
13. FATHERS NAME	Lewis	14. MOTHER'S MAIDEN N.	Millo	
15. WAS DECRASED EVER IN U.S. Afmed Force (Yes, no, or unknown) (If year, gly war or dates service)	of 2/4-07-7476	MINISTERMANT AND ALL	DRESS Cau	elrige
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Carcinona of the	ie Right Bres	of with	15 morth
170X Antecedent cause(s)	metastares to	the Lines.		
50 giving rise to the above cause stating the underlying cause last	P	V		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing des	th. Diabeter			4 months
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			Yes No
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TOV	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended th	ne deceased from April	, 1950, to June 17	, 19.5.1., that I last s	aw the deceased
alive on June 27, 19.57., as SIGNATURE	nd that death occurred at.	ADDRESS from the ca	uses and on the date st	ated above. DATE SIGNED
Lila Oren heredille	Physician NAMEA OF CEMETE	28 Poplar Street, 6	AFION (City town, or count	June 28, 1957
23. BORIAL, CREMATION DATE 2	7,1911 Dar-me	LEAST NERAL DIRECTOR	aufrele	md.
DATE REC'D BY LOCAL REGISTRAR'S REG. 30, 1911 John	mace, J., n. J.	Seweth?	K. Thornes	aubile

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
1 1951

BUREAU V. S.

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

05938

Reg. Dist. No. 11 9

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Porchester MARYLAND	STATE MALLIANA COUNTY	1)~~
	CITY (If outside corporate limits, write RURAL and give	rearest town)
OR Ive new of town OP (in this place)	TOWN Cambridge	, , , , , , , , , , , , , , , , , , , ,
HOSPITAL OR	STREET (IPural, give location)	
INSTITUTION OR STREET ADDRESS 10 Park Lane	ADDRESS 10 Park have	
3. NAME OF (First) / (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sarah Jane Ko	binson DEATH June	13 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, PLYORCED.	8. DATE OF BIRTH 9. AGE iast birthday If under 1	year If under 24 hrs.
Temale Negro Specify) Married	Mar. 2 1897 54 yrs. Manths 1	Days Hours Min.
10a. USUAL OCCUPATION (G)e kind of work 10b. KIND OF BUSINESS OR done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life even if retired) 10b. Kind of Business on Industry House Wife E	White Haven Will. 1919	OUNTRY 15A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	100
UNKHOWN	Mary Stewart	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17 NFORMANT AND ADDRESS	1 4/1
nervice)	Ker. W. J. Robinson, Camb	ridge 16
18. MEDICAL CE	RTIFICATION	. 01
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
C. In C.	annal	71
Immediate cause (a) Cerebral Ren		3 days
33/X Antecedent cause(s)	in	1
Diseases or conditions, if any, giving rise to the above cause		andelimet
83 a stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	2	undeturned
related to the disease or condition causing death.	sever generally	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
A A CONTRACTOR OF THE ACTUAL AND ACTUAL AND A CONTRACTOR OF THE ACTUAL AND A CONTRACTOR OF TH		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m, While at Not While Work At work		
	- 1/0 1:1 13 (1	
22. I hereby certify that I attended the deceased from July ?	19.7.7., to hand 19.3.1., that I last say	w the deceased
alive on June 10, 1951, and that death occurred at 1	2 - P.m. from the causes and on the date state	ted shove
alive on	ADDRESS	DATE SIGNED
alfred R. manyanov M.D.	136 Roce St, Cambridge	6/15/51
	CRY OR CREMATORY LOCATION (City, town, or county	(State)
REGIOVAL (Specify) 6/16/51 Salisbury	Cemetery Salisbury 1	V/d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR	ADDRESS
July 16, 195, July mace, Jr., m.d.	Herbert Ml. St. Clair dr Lamb	ridge. Md
		177

BUREAU V. S.

1 11 1

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05939

Reg. Dist. No. //G

i. PLACE OF DEATH- COUNTY Dorchester		2. USUAL RESIDENCE (H	OME) OF DEC	CEASED	Y Wor.	
CITY (If outside corporate limits, write RU	MARYLAND IRAL and 1 LENGTH OF STAY	CITY (If outside corpora	te limits write l			(0000)
OR give nearest town) TOWN rural Cambridge	(in this place)	OR TOWN Berlin	. route	_	A TOWN COL	OW11)
HOSPITAL OR		STREET		give location)		1
INSTITUTION OR STREET ADDRESS Eastern Sh	ore State Hospital	ADDRESS	- x			1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print) EDWARD	ALLEN	SPENCER	DEATH	fune	4	1957
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W100WED	8. DATE OF BIRTH	9. AGE last hirt	hday If under Months	Days Ho	inder 24 hrs.
10a. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired	k 10b. KIND OF BUSINESS OR	North Carolina	foreign country	9 1	2. CITIZEN COUNTRY?	U.S.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME	1		0.3.
Thomas Jackson Spencer		Sarah ?	. 1			
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, no, or unknown) (If yes, give war or date	es of unknown	17. INFORMANT AND Eastern Shore	ADDRESS State Hos	pital re	cords	
no (service)	18. MEDICAL CE					
I. DISEASES OR CONDITIONS DIRECTL						BETWEEN
		1. 1 ~	1.1		0	ND DEATH
Immediate cause (a)_	Heartfailure for	ceruing alporta	nre pn	emonia	2 200	eys
227 X Antecedent cause(s)	of the	1.1				
Diseases or conditions, if any, giving rise to the above cause	Ceneral arrento	Sclerosis		5	som	el years
83 stating the underlying cause last (c)	Leschal Am	mbisis			1 39	Pegs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death of the disease of conditions.	nath. Fildonis de	e to Carabal	arterio	dernis	Sora	e mus
19a. DATE OF OPERATION 19b. MAJOR		- no ware		1-0010700	20. AUT	OPSY?
					Yee [No A
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) JURY	(CITY OR T	OWN)	COUNTY) (STA	ATE)
TIME (Month) (Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OCC	UR?			
OF INJURY m	While at Not While Work At work					
	· · · · · · · · · · · · · · · · · · ·	(C D) . 7 6				
22. I hereby certify that I attended	the deceased from //www./	9., 19.00., to gue o	, 19.27,	that I last	saw the d	eceased
alive on face 6, 1957,	and that death occurred at (Degree or title)	ADDRESS from the	causes and or	n the date s		ve. SIGNED
	mann M.I		the state of the state of		6-7-	12
23. BURIAL, CREMATION DATE THER REMOVAL (Specify)	NAME OF CEMETE	in Century	Buli	town, or cour	ity)	(State)
DATE REC'D BY LOCAL REGISTRAR REG 19-51	'S SIGNATURE	24. FUNERAL DIRECTO	Buch	- B	ADDRE	no
					21012	-7

BUREAU V. S.
BUREAU V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05940

Reg. Dist. No. 116

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Dorchester MARYLAND	STATE Maryland CONTrohester
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Taylors Islandin this place's.	OR Nadison
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)	STREET ADDRESS (none)
3. NAME OF (First) (Middle) B. STAPLE (Type or Print)	DEATH 19/2
Female White T. SINGLE, MARRIED, WIDOWELL (Specify) DIVORCED.	8. DATE OF BIRTH 9. AGE fast birthday If under I year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dame during mort of working life, even if retired)	Lake sville, Maryland 12. CITIZEN OF WHAT COUNTRY? US A
William LeCompte Jones	Mary Ann Applegarth
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of none	Miss Hesta Neild, Cambridge, Md.
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occl	usion Instant
Antimediate Cause	107 Table 1764 Table 14 and 10
4/20 / Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	
94 a stating the underlying cause last	RESERVED TO LANGUE TO THE PARTY OF THE PARTY
11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an .	Autopsy [], Inspection [], Inquiry [] thereon and from the evidence
obtained has id Autonsy, Inspection or Inquiry, find that said dec	eased died on the day stated above, and death in my opinion resulted
from: faturil causes [], accident [], suicide [], homicide [], SIGNATURE (Defee or stile)	ADDRESS DATE SIGNED
John Mace, Jr., M. D., Deputy Medic	eal Examiner, Cambridge, Md. 6-5-51 ERY OR CREMATORY LOCATION (City, town, or county) (State)
	r Memorial Park, Cambridge, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. (99)	24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service,
	Cambridge, Maryland



BUNEAU V. S.

BUNEAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1123

						•
1. PLACE OF DEATH	•		2. USUAL RESIDENCE (H	IOME) OF DECK		
COUNTY	rchester	MARYLAND	STATE Marvla	nd	Dorcheste	er
CITY (If outside co	rporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpora		URAL and give n	earest town)
OR givo wearest	town)	40(in this place)	OR Vie	nna		
HOSPITAL OR			STREET		ve location)	
INSTITUTION OR STREET ADDRES	· e		ADDRESS	(4.00	,	
3. NAME OF	(First)	(Middle)	(Last)	1.4 DAME	(1)	
DECEASED				4. DATE	(Month) (I	Day) (Year)
(Type or Print)	Edith	Caroline	Stewart	DEATH	June	195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) 112 T12C		no dela	day If under ye	ear If under 24 hr
Female	Colored		July 24, 1893		/rs.	75 220010 2011
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OB	11. BIRTHPLACE (State o			CITIZEN OF WHAT
nousewo	TK.	Home	Philadelphia, F	ennsylvan	ia U.S.	A
13. FATHER'S NAME	3		14. MOTHER'S MAIDEN	NAME		
T.ilt.on	T. Robbins		Emma Briddel	1		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS		
(Yes, no, or unknown)	(If yes, give war or dates service)	None	Herman Stewart.		heelvach	
· · · · · · · · · · · · · · · · · · ·		18. MEDICAL CE		V ZOILLES	The of section	
				1	IN	NTERVAL BETWEEN
1. DISEASES OR COL	NDITIONS DIRECTLY	LEADING TO DEATH	0 0 1	/	0	NEET AND DEATH
7 12 4	(4)	(0~	elval her	work	une	O hours
Immediate	cause (a)	a l				
100 d Antecedent	t cause(s)	ALTO in all	lo iti. INEs:	A D		7
7 10 Diseases or co	onditions, if any, (b)	Aronona	scoul / rus		case	
and administration of the same	the above cause derlying cause last	0 11 . 1		- 0		1 -4
55 e	(c)	Beneralized	Carunomal	osio. M	many	3 month
II. OTHER SIGNIFIC	CANT CONDITIONS	0	ho	ino hu	enous	
Conditions contribut	ing to the death hut not e or condition causing deat	h.	U			
		FINDINGS OF OPERATION			1 20	O. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN	(COUNTY)	Yes No (STATE)
SUICIDE	OF	office bldg., etc.)	(022	O 11217	(0001111)	(DIALE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	NTD9		
OF	(Day) (Teat) (Hour)	While at Not While	NOW DID INJUNI OCC	JURI		
INJURY	m.	Work At work				
00 T l b	to that T attended the	e deceased from 2/21	1051 40 61	1 105/1	LA Thia	
	and the same of th					
alive on	sel / 19 1/ an	d that death occurred at	10:30 Pm from the	causes and on	the date state	d ahovo
SIGNATURE	1	(Degree or title)	ADDRESS			DATE SIGNED
	MA	n. n	1. 11.	had	1. (-	111/11
Surven	a Marya		Campra	ge.	1	4/)/
23. BURIAL, CREMA	TION DATE THERE		RY OR CREMATORY L	CATION (City,	town, or county)	(State)
REMOVAL (Special	June 5,	1951 Vienna Ceme	tery	ienna, Ma	ryland	
DATE REC'D BY L		SIGNATURE O	24. FUNERAL DIRECTO			ADDRESS
June 5, 1951	2.7.	Framblom	J. J. Framptom	and Son.F	ederalsbu	rg, Id.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

PLEASE



Item 9 FilmG133 7/3/51 w.w. Item 8 FilmGl33 7/9/51 WARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 119 1. PLACE OF DEATH USDA RESIDENCE MOME) OF DECEASED. COUNTY MARYLAND (in this pla LENGTH OF STAY OR give nearest town) CITY (If outside corporate li CITY (If outside represent limits, write RURAL and give nearest town) OR of information carefully death clearly and legibly. TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Year) DECEASED (Type or Print) DEATH 7. SERGLE, MARRIED, 9. AGE jagt birthday If under 1 year | If under 24 hra Months | Days Hours | Min. M. BIRTUPLACE (State or locking country BINDING 12 OF WHAT a if retired) every item FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. FOR (If yes, give war or dates of Supply e service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. please Immediate cause Antecedent cause(s) NFADING I Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLAINLY, WITH is especially importan Yes 🗌 No [21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work | INJURY At work to 6/16, 19.1, that I last saw the deceased 22. I hereby certify that I attended the deceased from...... WRITE I, and that death occurred at... alive on..... ...m., from the causes and on the date stated above. (Degree or title) SIGNATURE ADDRESS DATE SIGNED 23. AURIAL, CREMATION PLEASE DATE/THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, on county) (Stat DATE REC'D BY LOCAL ADDRESS

BUREAU V. S.

. . .

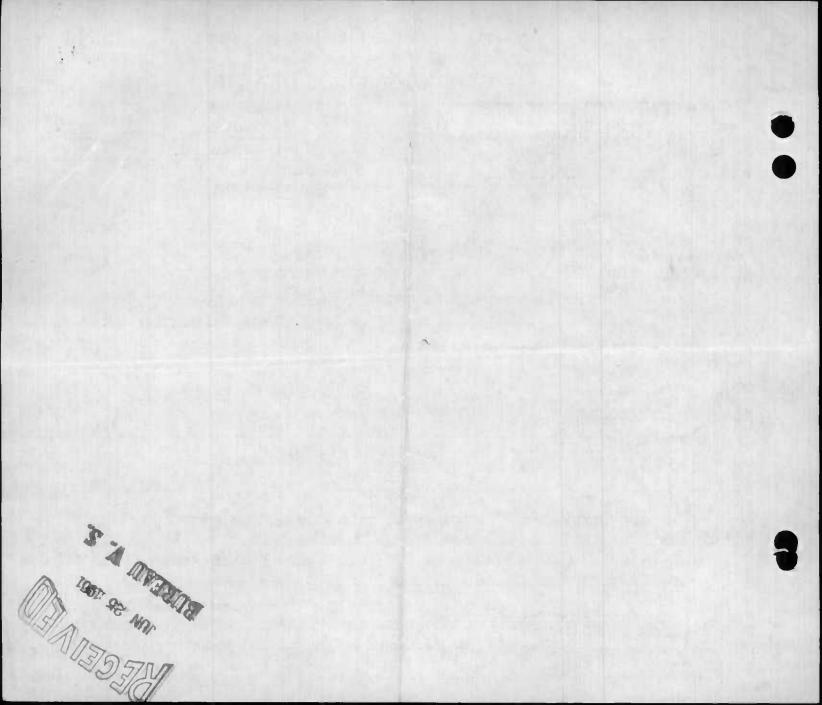
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1.1.5a

<u></u>						
1. PLACE OF DEAT	H·		2. USUAL RESIDENCE (I	HOME) OF DECEAS	ED.	A
COUNTY Dorch	rester	MARYLAND	STATE Marylan	d	COUNTY	
			CITY (If outside corpor	te limits, write RUR	AL and give	pearest town)
TOWN give nearest	(town) Cambridge	(in this place)	CITY (If outside corporation Conowi	ngo Md.	alsing	Sun
HOSPITAL OR INSTITUTION O STREET ADDRE	R E.S.S.Hosp	ital	STREET ADDRESS	(If rural, give i	ocation)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	ontb)	(Day) (Year)
(Type or Print)	Henry	William	Teague	DEATH J	une	21 19 5]
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF DIRTH Unknown 1872	9. AGE iast birthday 797 yrs.	If under 1 Months I	year If under 24 hr Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State of Unknown			CITIZEN OF WHAT
13. FATHER'S NAM	laborer 1E		14. MOTHER'S MAIDEN	NAME		
Modie Teas			Unknown			
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	Abbres		
	(If yes, give war or dates			ADDRESS		
	service)			Rising Sur	a Md.	
		18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONERT AND DEATH
		a 1 -3 m 1				
Immediat	te cause (a)	Cerebral Thrombos	315	**************************************		
777 V						
	nf cause(s)	General Arterioscl	erosis with Beg	inning Cereb	ral	
giving rise t	to the above cause	Gangrene		***************************************		0 10 10 10 10 10 10 10 10 10 10 10 10 10
8 3 stating the	underlying cause last	301161 0110				
	(e)				1.	
II. OTHER SIGNIF	ICANT CONDITIONS uting to the death but not	h. Psychosis due to	Cerebral Scler	osis		
19a. DATE OF OPE	CRATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN)	COUNTY)	Yes No S
SUICIDE HOMICIDE	OF INJ	JRY			COUNTY,	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED White at Not White Work At work	HOW DID INJURY OC	CUR?	,	
		7.7	2 50 1	27 52 "		
22. I hereby cert	tify that I attended th	e deceased from Nov. 8	3 , 19.50 , to June	21, 1921, that	I last sav	w the deceased
alive on Jur	ne 20 , 19 51, an	d that death occurred at]	ADDRESS	causes and on the	e date stat	ted above.
SIGNATURE	4			agaital Comb	midae	
Me	demucu	R/	rn Shore State H			
23. BURIAL, CREM REMOVAL (Spe	elfy) DATE THERE	NAME OF CEMETE	LEY'OR CREMATORY	OCATION (City, tow	n, or county	(State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R 1		ADDRESS
A REG.	98 Dolum	mace, A. m.	(E. Vys	en. Piser	in de	- md.
			7			7/19
		(10	0 /00

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05944

CERTIFICATE OF DEATH

Reg. Dist. No. 116

/						
I. PLACE OF DEATH	a. lester	MARVIAND	2. USUAL RESIDENCE (I		county chester	
	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY (in this place)	CITY (H outside corporate limits, write RURAL and give nearest town) OR TOWN Golden Hill			
HOSPITAL OR INSTITUTION OF STREET ADDRES	R (none)		STREET ADDRESS (non	(If rural, give loo	cation)	
3. NAME OP DECEASED	(First)	(Middie)	(Last)	4. DATE (Mo		
(Type or Print)	WILLIAM	RUFUS	TODD	DEATH	19	
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWED	s. DATE OF BIRTH 11-20-1877	9. AGE last hirthday 75 yrs.	If under I year Munder 24 hrs. Months Days Hours Min.	
done during most of w	ATION (Give kind of work corking life, even if retired)	Lumber Indust.	Maryland	r foreign country)	12. CITIZEN OF WHAT	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME		
Michal			Annie Gore			
(Yes no jor unknown)	VER IN U.S. ARMED FORCES i (If yes, give war or dates service)	of unknown	Alvin Keene	-Golden Hi	ll-Maryland	
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	n		INTERVAL BETWEEN ONSET AND DEATH	
Immediate	e cause (a)	Hent 7 a	lux		3dan	
4201 Anteceden	nt cause(s)	(B. 7.	1	2 1	
Diseases or c	conditions, if any, (b)	Jorna,	my or any	value	545	
	nderlying cause last		_ (
TI OFFICE OLONION	(e) CANT CONDITIONS					
Conditions contribu	ating to the death but not se or condition causing deat	th.				
19a. DATE OF OPE	RATION 19h. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?	
					Yes 🗆 No 🖸	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (Co	OUNTY) (STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT		
		2/11	- 45 U	11 51		
0	ify that I attended th	· ·	, 19.77 to			
alive on SIĞNATURK	me/619.) (, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stated above. DATE SIGNED	
danne	ree Man	yanor M.D	. Campra	dye, wil	6/22/51	
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE		Cemetery	Golden Hi	or county) (State)	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE De M.S.	24. FUNERAL DIRECTO	R	ADDRESS Vice,	
40,	14.040	7-30.77		idge, mary.		
V			OWIIIOI	True o miner y	Land Mon	



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05945

Reg. Dist. No. 11.6.

Cambridge, Maryland

/		
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Dorchester MARYLAND	STATE Maryland County Dorchester	
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In a this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Fishing Creek Life Life	TOWN Fishing Creek	
HOSPITAL OR INSTITUTION OR (none)	STREET (If rural, give location)	
INSTITUTION OR (none)	ADDRESS (none)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Y	(ear)
(Type or Print) Donald Henry	Travers OF JUNE 3	151
5. SEX 16. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under I year If under	
Male White WIDOWED, STUGIE, (Speelfy)	6/13/1941 Q. yrs. Months Days Hours	Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V	WHAT
done during most of working life, even if retired I Noustry ary School	1 Maryland Country? A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Marion M. Travers	Mary Travers	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of none	Many Travers, Fishing Creek, Md.	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	ONSET AND D	EATE
Immediate cause 929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	YT
	Yes N	lo V
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while Not while work at work A	HOW DID INJURY OCCUR?	
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) 23. RURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ased died on the dry stated above, and death in my opinion result undetermined ADDRESS ADDRESS RY OR CREMATOR: LOCATION (City, town, or county) Memorial Park- Cambridge, Marylan 124. FUNERAL DIRECTOR	NED
June 6, 19 11 July mace, 7. 1.00	. Decompte runeral service,	



05946

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No. //.6....

/						
I. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Chester				
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this yright) TOWN (in this yright)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Choptank Avenue		STREET (If rural, give location) ADDRESS Choptank Avenue				
3, NAME OF (First)	(Middle)	(Last)	14. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print) GRACE	ROBINSON	TUBMAN	OF DEATH	JUNE	3	19 5
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAPPIED	9/25/1866	9. AGE last hir	thday If under Months	l year If und Days Hours	er 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	Maryland	or foreign country) 1:	2. CITIZEN OF	WHAT
William Robinson	2	14. MOTHER'S MAIDEN Elizabeth		S		
15. Was DECRASED EVER IN U.S. ABMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO. NONE	Mr. Victor	Abbress Lubman-	Cambri	dge, Md	
	18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			_	INTERVAL B	
Immediate cause (a)	Irleno selevas	es gen.	early	_	7 1	**************************************
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Sychuse	seriel heart	Jacen	C.	Sang	1
stating the underlying cause last (c)	athertis c	bronic, el	talagn	muka	>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.	,	100			
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOP	
SUICIDE OF	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	rown)	(COUNTY	Yes (STAT)	No []
HOMICIDE INJU	INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY m,	While at Not While Work At work					
22. I hereby certify that I attended the	e deceased from Allul.	1. 1951, to June	3 195/	that I last	saw the dece	eased
alive on 22 195/, an	d that death decurred at	1 a m from the	causes and o	n the date st	tated above.	
/ SIGNATURE	(Degree or title)	ADDRESS		4	DATE SIC	
23. BURIAL, CREMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (Cit	Jac	ce 3/3	/
Burial Specify) 6/5/19	51 Christ Ch	urch Cemeter	- Cambr	16 .	Marvlan	tate)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		Some	ADDRESS	
Jane Jane	11000, 00., 12.	LeCompte				
		Cambi	ridge, M	aryland	1	

BUTEN V. S.
BUTEN PRINT V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05947

CERTIFICA	Reg. Dist. N	0.71.6
I. PLACE OF DEATH COUNTY MARY LAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR O	ELOI
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 8 A GMiddle) 3. NAME OF (First) (Middle)	TOWN STREET (If russ) give location) (Last) (Last) (Last) (Month)	St.
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 19. AGE last b bday I II under	(Day) (Year) 190 1 year If under 24 hr
WIDOWED, DIVORCED, (Specify) (Specif	II. BIRTHPLACE (State or foreign country)	Days Hours Min 2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME KINGUS	14. MOTHER'S MAIDEN NAME	ns. A
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	Banks
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O. WOLL Mark _	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	2 morrides	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on App	1000	
SIGNATION! (Degree or title)	7.3 2 Cool	DATE SIGNED
BURIAL, CREMATION DATE/THEREOF NAME OF CEMETI REMOVAL (Speely) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ERY OR CREMATORY LOCATION (City, town, or coun	Tood
REG. C. 9V, July on ace, J.	Deurick to Bayneum	ADDRESS

BUREAU V. S.
BUREAU V. S.

7 1

2411 N. Charles Street, Baltimore

05948

CERTIFICATE OF DEATH

Reg. Dist. No. 16

I. PLACE OF DEATH. COUNTY Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Wicomico				
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN rural Cambridge	CITY (If outside corporate limits, write RURAL and give nearest town) OR Salisbury				
OR give nearest town) TOWN rural Cambridge 2 months HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET (If rural, give location) ADDRESS 555 Jackson Street			
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print) WILLIAM	OSCAR	WILKINSON	OF June	20 151	
male SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH 9/19/86	9. AGE last birthday If und Month		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship carpenter	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Wilkinson		Emma Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates or		17. INFORMANT AND	ADDRESS		
UNKNOWN service)	unknown	Eastern Shore S	State Hospital r	ecords	
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY I	CEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
				2 3	
Immediate cause (a) Lobar pneumonia with pleurisy following slight			2 days		
/// V Amanadama commo(a)	rebral hemorrhage				
Diseases or conditions, if any, (b)	ardiovascular Hyp	ertensive Diseas	se	sev. yrs.	
giving rise to the above cause stating the underlying cause last					
	ctum polyposis			lunknown	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	. Psychosis due to	Cerebral Sclero	sis	sev. yrs.	
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			Yes No Y	
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR T		Y) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?		
22. I hereby certify that I attended the	deceased from Novl 8	, 1950, to June 2	20., 19.51, that I last	saw the deceased	
alive on June 20 , 19.51, and SIGNATURE	d that death occurred at	1:10 a.m., from the	causes and on the date	stated above. DATE SIGNED	
refred S. Lolom		astern Shore Sta	0		
23. BURIAL CREMATION REMOVAL (Specify)	5/ Manic	//	alyting !	4	
DATE REC'D BY LOCAL REGISTRAR'S REG.	mace, J. is. al	24 FUNERAL DIRECTO	Lo Splite	ADDRESS	
	-	Natha 8/1	KILLING	45/02-25	

BUREAU V. S.
BUREAU V. S.

3

2411 N. Charles Street, Baltimore

05949

/		CERTIFICAT	E OF DEAT	'H B	Reg. Dist. No	. 11.6
1. PLACE OF DEAT	NH.		2. USUAL RESIDENCE	(HOME) OF DEC	EASED.	
COUNTY Do:	rchester	MARYLAND	STATE Maryland County Dorcheste			chester
OR give neares	ambridge	(in this place) 5 days	CITY (If outside corpo		URAL and give	e nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Cambridge	Maryland Hosp.	STREET Cami	oridge Ri	D # 2	
3. NAME OF DECEASED (Type or Print)	(First) RILEY	(Middle) J •	WILLEY	4. DATE OF DEATH	(Month) JUNE	(Dav) (Year) 29, 151
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Narried	6-13-1895	9. AGE last birth		year If under 24 hr Days Hours Mir
done during most of	PATION (Give kied of work working life, even if retired)	10b. Kind of Business of Industry CWII Truck Farm	Maryland	or foreign country)	1.6	CITIZEN OF WHAT
David			Bertie H	aghes		
	Ever In U.S. Armed Forces (If yes, give war or dates service)		Mrs. Elsie	ADDRESS Willey-Di	rawbrid	ge, Md.
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	Throw	boois	9	ONSET AND DEATH
120, Antecede Diseases or giving rise	enf cause(s) conditions, if any, to the above cause underlying cause last			***************************************		******************************
Conditions contrib	(c) TICANT CONDITIONS Outling to the death but not ase or condition causing deat	.h.				
		FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?		1.17
alive op 28	tify that I attended the	e deceased from 1800/y id that death occurred at 1	1951, to 291	WE, 1951, to causes and on	that I last sa	w the deceased
SIGNATURE	tu & He	into (N))	Comb	ridge	6-30-5	DATE SIGNED
23. BURIAL, CREM REMOVAL (Spe BULLA)	TATION DATE THERE	_ ///		rk- Cam	town, or county	y) (State) Maryland
DATE REC'D BY REG.	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	OR ·		ADDRESS
	+					12000
REG. 3,19	101 June	mace, fr., or.	Cambri	funeral :		12000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

